

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 15, 2003 8:00 am**  
**Secretary of State**

01-15-2003 90052 039 \*\*\*\*55.00

0062547

DOCUMENT # L00000011651



1. Entity Name  
**LAKE AERATION, L.L.C.**

Principal Place of Business  
**2811 THISTLE WAY  
NAPLES FL 34105**

Mailing Address  
**2811 THISTLE WAY  
NAPLES FL 34105**

2. Principal Place of Business  
**538 RIVIERA DR**

3. Mailing Address  
**538 RIVIERA DR**

City & State  
**NAPLES, FL**

City & State  
**NAPLES FL**

Zip  
**34103**

Country  
**COLLIER**

Zip  
**34103**

Country  
**COLLIER**

4. FEI Number **59-3673322**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$5.00** Additional Fee Required



CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

**GROSECLOSE, RICHARD F  
2811 THISTLE WAY  
NAPLES FL 34105**

**7. Name and Address of New Registered Agent**

Name  
**Groseclose, Richard F.**

Street Address (P.O. Box Number is Not Acceptable)  
**538 RIVIERA DRIVE**

City  
**Naples**

DEF  
**F**

FL  
**FL**

Zip Code  
**34103**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**1-13-03**

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

**9. MANAGING MEMBERS / MANAGERS**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
PRES	GROSECLOSE, RICHARD F	2811 THISTLE WAY	NAPLES FL 34105	<input type="checkbox"/>
VP	GRUSECLOSE, KATE	2811 THISTLE WAY	NAPLES FL 34105	<input type="checkbox"/>
				<input type="checkbox"/>

**10. ADDITIONS / CHANGES**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
PRES	Groseclose, Richard F.	538 RIVIERA Drive	NAPLES, FL 34103	<input checked="" type="checkbox"/>	<input type="checkbox"/>
VP	Groseclose, Kate	538 RIVIERA Drive	NAPLES, FL 34103	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**1-13-03 239.434-0024**

Date

Daytime Phone #

CR2E083 (10/02)